



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D2596**  
**Job Sheet 184846**



Part No: D2596

Job Qty: 4 ea

Part Name: Web, 205 Skidtube



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 10/17/18

Job Tracking No:

Due Date: 11/2/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV D IPP: D 99.02.02 Changed QA to QC, Added Step 6 and Cost DM IPP Rev:E 07-07-09  
Incorporated DEO 9183 JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                    |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation | 4 Ea  |            | 11/2/18  | 0.00      | 0.00    | Start Up Skid tubes   |           |          |
| 100   | Skid tubes         | 4 pcs |            | 11/2/18  | 0.00      | 2.13    | Skid tubes            |           |          |
| 110   | HandFinish         | 4 pcs |            | 11/2/18  | 0.00      | 1.05    | HandFinish1           |           |          |
| 120   | QC                 | 4 pcs |            | 11/2/18  | 0.00      | 0.00    | QC5                   |           |          |
| 130   | Packaging          | 4 pcs |            | 11/2/18  | 0.00      | 0.00    | Packaging3            |           |          |
| 140   | QC21-SA            | 4 Ea  |            | 11/2/18  | 0.00      | 0.00    | QC21                  |           |          |

Part Op 100 - 1- Cut D2500-3-100 to length: 99.5" 2- Use Jig DT8093 to drill pilot holes #30 3- Open to 0.630" diameter raspe  
Descriptions: Dwg D2596 4- Deburr

### Job BOM

| Part / Item | Component Name         | Quantity    | Operation             | Container |
|-------------|------------------------|-------------|-----------------------|-----------|
| D2500-3-100 | Ext'n - I' Beam Web 4" | 4 Ea (1 ea) | 90-Start up Operation | SOP378    |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D2500-3-100    | 4        | 58        | 0         |

### Part Specifications

Specifications could not be found.

Plex 10/17/18 11:12 AM Dart.lajeunesse.marie

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                           |                       |                                                                                                                                                                                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
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| Work Order: _____<br>Part No. _____<br>NCR No. _____                                                                                                                                                                                                                                                      |                       | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Thermoforming <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Composite <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
| Date :                                                                                                                                                                                                                                                                                                    |                       | Step #:                                                                                                                                                                        |                      | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  | MRB (QSI042) Approval                           |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                          |                       |                                                                                                                                                                                |                      | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  | Completed By                                    |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
|                                                                                                                                                                                                                                                                                                           |                       |                                                                                                                                                                                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  | Lead hand / Supervisor<br>Approval Verification |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
|                                                                                                                                                                                                                                                                                                           |                       |                                                                                                                                                                                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  | QC / QA Coordinator<br>Approval                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
|                                                                                                                                                                                                                                                                                                           |                       |                                                                                                                                                                                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
| <div>Enviro<br/>D<br/>Equip/<br/>Handl<br/>Internal Tr<br/>Tribal Kno<br/>Su<br/>Past Exp<br/>Misic</div> <div>Container No: S121613<br/>Part: D2596<br/>Job No: 184846<br/>Serial No/Batch: S121613<br/>Revision:<br/>Inspector:<br/>Exp Date:<br/>Instructions: Various STC's</div> <div>10/25/16</div> |                       |                                                                                                                                                                                |                      | <b>ATEGORY</b> <table border="1"><tr><td><input type="checkbox"/></td><td>Power Loss/Surge</td><td><input type="checkbox"/></td><td>Positioned Wrong</td></tr><tr><td><input type="checkbox"/></td><td>Folio/Program</td><td><input type="checkbox"/></td><td>Outside Dimensions</td></tr><tr><td><input type="checkbox"/></td><td>Grain</td><td><input type="checkbox"/></td><td>Over/Under tolerance</td></tr><tr><td><input type="checkbox"/></td><td>Weld</td><td><input type="checkbox"/></td><td>Part Incorrect</td></tr><tr><td><input type="checkbox"/></td><td>Wrong Stock Pulled</td><td><input type="checkbox"/></td><td>Part Lost/Missing</td></tr><tr><td><input type="checkbox"/></td><td>Out of Sequence</td><td><input type="checkbox"/></td><td>Part Moved</td></tr><tr><td><input type="checkbox"/></td><td>Off-set</td><td><input type="checkbox"/></td><td>Drawing</td></tr><tr><td><input type="checkbox"/></td><td>Mislabeled</td><td><input type="checkbox"/></td><td>Finish</td></tr><tr><td><input type="checkbox"/></td><td>Fit/Function</td><td><input type="checkbox"/></td><td>Misread</td></tr><tr><td><input type="checkbox"/></td><td>Misaligned/off center</td><td><input type="checkbox"/></td><td>Turning Sequence</td></tr></table> |  |  |  | <input type="checkbox"/>                        | Power Loss/Surge | <input type="checkbox"/> | Positioned Wrong | <input type="checkbox"/> | Folio/Program | <input type="checkbox"/> | Outside Dimensions | <input type="checkbox"/> | Grain | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Weld | <input type="checkbox"/> | Part Incorrect | <input type="checkbox"/> | Wrong Stock Pulled | <input type="checkbox"/> | Part Lost/Missing | <input type="checkbox"/> | Out of Sequence | <input type="checkbox"/> | Part Moved | <input type="checkbox"/> | Off-set | <input type="checkbox"/> | Drawing | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | Finish | <input type="checkbox"/> | Fit/Function | <input type="checkbox"/> | Misread | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                  | Power Loss/Surge      | <input type="checkbox"/>                                                                                                                                                       | Positioned Wrong     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                  | Folio/Program         | <input type="checkbox"/>                                                                                                                                                       | Outside Dimensions   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                  | Grain                 | <input type="checkbox"/>                                                                                                                                                       | Over/Under tolerance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                  | Weld                  | <input type="checkbox"/>                                                                                                                                                       | Part Incorrect       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                  | Wrong Stock Pulled    | <input type="checkbox"/>                                                                                                                                                       | Part Lost/Missing    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                  | Out of Sequence       | <input type="checkbox"/>                                                                                                                                                       | Part Moved           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                  | Off-set               | <input type="checkbox"/>                                                                                                                                                       | Drawing              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                  | Mislabeled            | <input type="checkbox"/>                                                                                                                                                       | Finish               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                  | Fit/Function          | <input type="checkbox"/>                                                                                                                                                       | Misread              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                  | Misaligned/off center | <input type="checkbox"/>                                                                                                                                                       | Turning Sequence     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                 |                  |                          |                  |                          |               |                          |                    |                          |       |                          |                      |                          |      |                          |                |                          |                    |                          |                   |                          |                 |                          |            |                          |         |                          |         |                          |            |                          |        |                          |              |                          |         |                          |                       |                          |                  |

# SPECIFICATION CONTROL DRAWING

## D2500-1-XXX EXTRUSION & D2500-3-XXX EXTRUSION

### NOTES:

1) MATERIAL: 6061-T6 ALUMINUM PER QQ-A-200/8 OR AMS-QQ-A-200/8 OR ASTM B221

MINIMUM TENSILE YIELD STRENGTH = 35 KSI  
MINIMUM ULTIMATE TENSILE STRENGTH = 38 KSI  
MINIMUM ELONGATION = 8%

A SAMPLE FROM EACH BATCH WILL BE PULL TESTED TO ASTM STANDARD B221 BY AN APPROVED TESTING FACILITY TO ENSURE THAT THE BATCH MEETS THE ABOVE MINIMUM MECHANICAL PROPERTIES

2) FINISH: N/A

3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED

4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX

6) IDENTIFICATION: IDENTIFY WITH DART B/N USING FINE POINT PERMANENT INK MARKER

7) WEIGHT: D2500-1 = 0.143 lb/in, D2500-3 = 0.066 lb/in

8) FOR D2500-1 PART NUMBER IS D2500-1-XXX WHERE XXX IS CUT LENGTH (EX. D2500-1-190 IS 190" LONG). D2500-1 EXTRUSION MANUFACTURED FROM:

- A) BON L DIE # 897105 -> PREFERRED
- B) CARADON MIDEAST DIE # PAH-28030
- C) CARADON MTL DIE # MH-18868

9) FOR D2500-3, PART NUMBER IS D2500-3-XXX WHERE XXX IS CUT LENGTH IN INCHES (EX. D2500-3-100 IS 100" LONG). D2500-3 EXTRUSION MANUFACTURED FROM:

- A) CARADON INDALEX DIE # MS-18867

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SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER

NO. 184846 MLC  
1870-17

RELEASED  
2010-02-02  
MP

|                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                          |    |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| H                                                                                                                                                                                                                                                                                                                                                                                                                | REDRAW & REFORMAT DWG; CORRECT BON L DIE # TYP0 (ZN B8-1), ADD AMS & ASTM MAT'L OPTION (ZN D8-1), TOLERANCES NOW PER CARADON DWG (SHT 2) | CP | 09.07.16 |
| G                                                                                                                                                                                                                                                                                                                                                                                                                | ADD DIE NUMBERS & 'DIMS IN INCHES' NOTES                                                                                                 | PH | 07.04.17 |
| F                                                                                                                                                                                                                                                                                                                                                                                                                | CHANGE MAT. TO 6061-T6                                                                                                                   | DS | 97.09.29 |
| E                                                                                                                                                                                                                                                                                                                                                                                                                | CHANGE MATERIAL TEMPER                                                                                                                   | DS | 96.10.24 |
| D                                                                                                                                                                                                                                                                                                                                                                                                                | ADD MATERIAL PROPERTIES                                                                                                                  | DS | 96.10.07 |
| C                                                                                                                                                                                                                                                                                                                                                                                                                | ADD D2500-3 WEB                                                                                                                          | BW | 96.04.26 |
| B                                                                                                                                                                                                                                                                                                                                                                                                                | CHANGE INTERNAL WEB                                                                                                                      | DS | 96.03.24 |
| A                                                                                                                                                                                                                                                                                                                                                                                                                | NEW ISSUE                                                                                                                                | DS | 96.03.19 |
| REV.                                                                                                                                                                                                                                                                                                                                                                                                             | DESCRIPTION                                                                                                                              | BY | DATE     |
| DESIGN                                                                                                                                                                                                                                                                                                                                                                                                           | 4                                                                                                                                        |    |          |
| DRAWN                                                                                                                                                                                                                                                                                                                                                                                                            | 4                                                                                                                                        |    |          |
| CHECKED                                                                                                                                                                                                                                                                                                                                                                                                          | PH                                                                                                                                       |    |          |
| MFG. APPR.                                                                                                                                                                                                                                                                                                                                                                                                       | MP                                                                                                                                       |    |          |
| APPROVED                                                                                                                                                                                                                                                                                                                                                                                                         | MP                                                                                                                                       |    |          |
| DE APPR.                                                                                                                                                                                                                                                                                                                                                                                                         | MP                                                                                                                                       |    |          |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                             | 09.07.16                                                                                                                                 |    |          |
| <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA<br>DRAWING NO. D2500<br>TITLE EXTRUSION<br>REV. H SHEET 1 OF 2<br>SCALE NTS<br>COPYRIGHT © 1996 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |                                                                                                                                          |    |          |



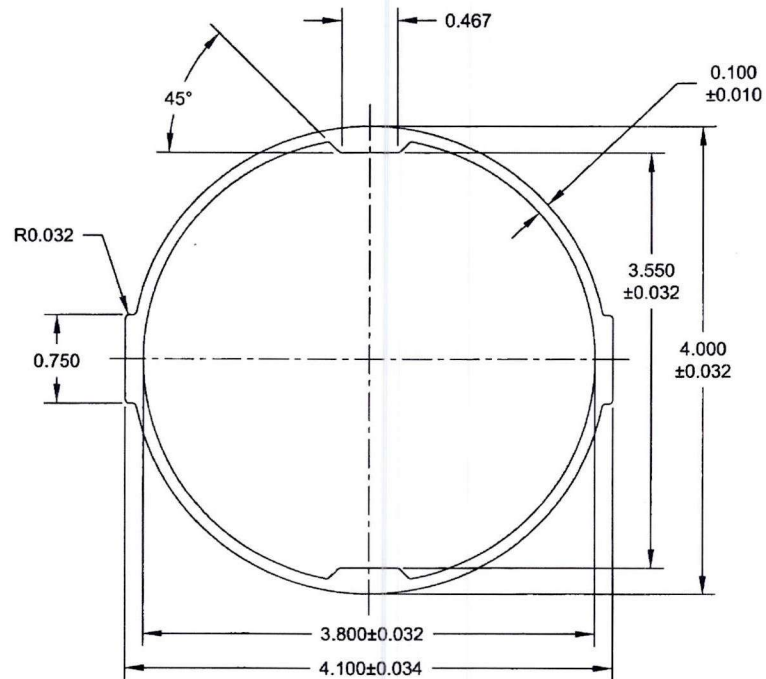
8 7 6 5 4 3 2 1

D

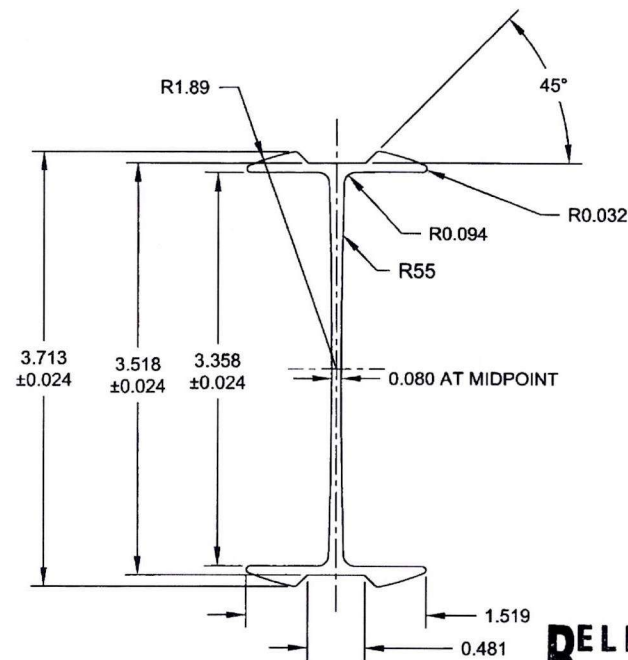
C

B

A



**D2500-1**



**D2500-3**

**RELEASED**  
2010-02-02  
*map*

|            |                    |                                                                                                                                                                                                                                                                                |        |
|------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| DESIGN     |                    | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                      |        |
| DRAWN      | <i>[Signature]</i> | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                    |        |
| CHECKED    | <i>[Signature]</i> | DRAWING NO. D2500                                                                                                                                                                                                                                                              | REV. H |
| MFG. APPR. | <i>[Signature]</i> | SHEET 2 OF 2                                                                                                                                                                                                                                                                   |        |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                          | SCALE  |
| DE APPR.   | <i>[Signature]</i> | EXTRUSION                                                                                                                                                                                                                                                                      | NTS    |
| DATE       | 09.07.16           | <small>COPYRIGHT © 1996 BY DART AEROSPACE LTD<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |        |

8 7 6 5 4 3 2 1